U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

RICHARD

Name

MARCEAU

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12 / 31 / 2004

000-314

4. Name, file number, and address of labor organization. UNITED TRANSPORATATION UNION

	Labor Organization File Nun	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Roo	
14600 DETROIT AVENUE	14600 DETROI	T AVENUE
Street	Street	
CLEVELAND	CLEVELAND	
OHIO 44107-4		44107-425
State ZIP Code + 4	State	ZIP Code + 4
Position in labor organization. ASSISTANT PRE	SIDENT	
Enter appropriate data below if, during the past fiscal year, you or yo {except as specified in the	our spouse or minor child directly or in- ne exclusions set forth in the instruction	directly had any of the following interests is):
. Held an interest in, engaged in transactions (including loans) wonderary value from an employer whose employees your organic	with, or derived income or other economization represents or is actively	nomic benefit of seeking to represent.
	7.a. Nature of Interest, Transaction, or Income.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transa	action, or income.
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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		action, or income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pe submitted in this report (including the information contained in any accundersigned's knowledge and belief, true, correct, and complete. (Se	7.b, Amount. Signature nalty of Perjury and other applicable per	enalties of the law, that all of the information mined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under persubmitted in this report (including the information contained in any acc	7.b, Amount. Signature nalty of Perjury and other applicable per	enalties of the law, that all of the information mined by the signatory and is, to the best of the

Name of	of Person	Filing

RICHARD L MARCEAU

File Number U- 24/7

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B. Held an interest in or derived income or economic benefit with monetary-value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	9. Business deals with: a. Labor Organization b. Trust c. Employer	
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
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02116

14.b. Amount of payment.

ZIP Code + 4

or Consultant

Street

City

State

BOSTON

MASSACHUSETTS

13.b. Is the Business an Employer X

\$550.00